

UNITED STATES DISTRICT COURT

District of _____

APPEARANCE

CASE NUMBER:

To the Clerk of this court and all parties of record:

Enter my appearance as counsel in this case for

I certify that I am admitted to practice in this court.

Date

Signature

Print Name

*Bar Num-
ber*

Address

City

State

Zip Code

Phone Number

*Fax Num-
ber*